

CONTROL NO.

feeder report for

DDS/OL/PD-2

## REPORTS INVENTORY

## PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

2. TYPE OF REPORT	X STATISTICAL
	X NARRATIVE
	MACHINE-NAME LISTING

## Cost Reduction

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	ADMIN. GENERAL
	LOGISTICS	SECURITY	OTHER (specify)
	MEDICAL	FINANCE	

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not number of copies)

Orig &amp; I

Monthly

C/PD

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Typed Format

YES	IF YES GIVE ADP PROCESSING NO.
X	NO

Division Requirement

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

OL/PD/GPB/CPS

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	= COST PER YEAR
GS-14	10.21	1/12	.85	12	10.20
GS-6	3.74	1/12	.31	12	3.72

## B. COSTS OF COMPUTER PRODUCED REPORTS

## TOTAL COSTS PER YEAR

13.92

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT  
 RETAIN AS IS       OTHER (explain)  
 CHANGE  
 DISCONTINUE
 

## ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STAT

15. DATE OF INVENTORY

18. EXTENSION

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